



**CITY OF ALEXANDRIA**  
**CODE ENFORCEMENT BUREAU**  
 301 KING STREET, SUITE 4200  
 ALEXANDRIA, VIRGINIA 22314  
 (703) 838-4360 FAX (703) 838-3880

## PLUMBING APPLICATION

**IMPORTANT - Applicant to complete ALL applicable items.**

**MASTER MUST SIGN APPLICATION**

**Shaded boxes are FOR OFFICIAL USE ONLY.**

<b>Permit Number</b>	1. Project Name		<b>Master Permit</b>														
2. Project Address	Floor/Suite Number		3. Date Applied														
4. Owner		5. Phone: Home - Work -															
6. Owner's Mailing Address (if different from project address)																	
7. Work Done By (check one) <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <b>(for Contractors, MASTER's signature is mandatory in box #13 below)</b>																	
8. Contractor Name		9. Phone	10. Business Address														
11. Master's Name		12. Master's Card Number	13. Master's Signature														
14. State Contractor License Number _____ Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		15. Business License Number _____ Reciprocity? <input type="checkbox"/> Yes <input type="checkbox"/> No															
16. Code Edition	17. Use Group	18. Type of Construction															
19. <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	20. Type of Work: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Other _____ Location: <input type="checkbox"/> Interior <input type="checkbox"/> Exterior																
21. Water Service Size _____ inches		22. Estimated Cost \$															
23. Project Description																	
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<b>AFFIDAVIT</b> I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct and that the permitted construction will conform to the regulations in the Uniform Statewide Building Code and all applicable ordinances.  _____ Signature of Owner or Authorized Agent  _____ Printed Name of Person Applying for Permit  _____ Address _____ Phone/Pager _____		<b>APPROVALS</b>															
		<b>PERMIT FEES</b>															
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